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3. Statistic Study of 206 Cases of Multiple Sclerosis. BERGER.
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5. Experiences in the Diagnosis and the Prognosis of the Ménière Symptom-Complex. FRAENKEL-HOCHWART.

1. *Carcinoma of Central Nervous System*.—This is a study of the central nervous system in a case of metastatic carcinoma. The spinal cord was not examined. The nerve cells in the brain outside of the carcinomatous foci were nowhere to be found in a normal condition, though the changes were limited to slight deviations in the reaction of the Nissl bodies to the stain. The cells in the immediate neighborhood of the carcinomatous nodules as well as those in the nodules themselves showed a great variety of abnormal changes. The blood vessels were much widened, both in the nodules and in the neighboring brain substance. The number of blood vessels in the tumor itself was increased. There were no metastases found in the meninges. The fact that there was found no increase in the volume of the brain is explained on the assumption that the tumor is capable of destroying as much volume of brain substance as it possesses itself. The localization of carcinomatous metastases in the cortex is to be looked upon as the result of an embolic process.

2. *Treatment of Paresis*.—This paper is an account of an interesting therapeutic experiment based upon the well-known fact that some intercurrent febrile affection often exerts a surprising effect upon the course of a chronic mental disease. Sixty-nine cases were given injections of Koch's tuberculin in increasing doses and their course was carefully studied. Data referring to 66 cases of these are at hand. The patients were apparently all suffering from dementia paralytica, though the author leaves this to the inference of the reader. Short clinical histories are given of all the cases so treated. The results are given in a rather vague way, leaving the impression that the treatment was eminently successful, especially in comparison to a certain number of untreated cases which in a measure form a control to these experiments.

3. *Multiple Sclerosis*.—Such a large material of multiple sclerosis deserves the widest attention in respect to the details of the clinical pictures presented. There are 149 men and 66 women in this material. Syphilis was found only three times in the histories. Three per cent. of the cases gave a history of some acute infectious disease. In only 2 cases was an undoubted history of exposure to wet and cold found. In 18 cases there was found a history of trauma antedating the beginning of the symptoms so shortly that there might have been a causal connection between them. Nine per cent. of these cases might have had a traumatic origin. In five cases emotional experiences were given as the cause of the disease. The initial symptom was found to be connected with the lower extremities in 103 cases, generally in some disturbances in gait. General nervousness, headache, vertigo, palpitation, vomiting were found to be the initial symptoms in 19 cases. Disturbances in visual apparatus in 17 cases. A slight dementia was found to be present in 24 cases. Three cases showed evidence of epilepsy. In 3 cases the disease began with apoplectic insult. Difference of the pupil is a very common symptom. Nystagmus is often found in 45 per cent. of this series. In 14 cases the group of symptoms first described by Kuhn in 1896, namely, the tremor accompanying the stationary position of the bulbs, the dissociation of the eye movements and the tremor of the muscles of accommodation were present. Speech dis

turbance was found very frequently; objective anomalies in 56 cases. In 137 cases the gait showed some disturbance, spastic paresis in 37 cases. The sensory disturbances were found seldom, only in 19 cases. In 163 cases the knee-jerks were markedly increased. Foot clonus 123 times. These are only some of the clinical data which this carefully analyzed material shows.

4. *Fatigue Phenomena*.—Should be consulted in original.

5. *Ménière Symptom-Complex*.—This paper is a review of the large material which the author has used in the preparation of his well-known monograph on the subject of the Ménière complex. The material consists of 208 cases, all of which were examined by a competent otologist. The cases have been collected since 1886, so that a revision would give valuable data in respect to prognosis and to the length of time the disease exists. The number of cases in which such information could be obtained is 80. The classification adopted by the author forms a sufficiently interesting part of his paper to be fully given. Definition: Ménière's Symptom-Complex is a clinical picture consisting of disturbance in hearing and the accompanying trias, tinnitus, vertigo and vomiting, and is often accompanied by headache, cerebellar ataxia, nystagmus, and in rare cases diarrhœa.

I. The condition is found in patients with intact organs of hearing. (1) The apoplectic form (real Ménière's disease of many authors, apoplectic deafness). Anatomical foundation: Hemorrhage into the labyrinth. Infiltration of the acousticus. This happens (a) in cases of normal organs of hearing and in otherwise healthy individuals; (b) in normal organs of hearing, but in people otherwise sick (leucemia nephritis, lues and also in tabes); (2) certain traumatic forms in which the trias followed immediately after the insult (severe concussion, caisson disease, strong detonation).

II. The symptoms occur in ears, the subject of former diseased conditions of acute or chronic character; (a) middle ear diseases; (b) labyrinthine process; (c) processes in outer ear; (d) vertigo symptom in acute and chronic diseases of the acoustic nerve.

III. A result of treatment to the external ear (injections into the ear, catheterization, etc.).

IV. Pseudo-Ménière attacks. Cases are given to illustrate these various conditions, and the points brought out, especially in the way of differential diagnosis, form a valuable contribution to the literature on this subject.

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MISCELLANY

RECURRENT OCULOMOTOR PALSY, WITH A REPORT OF A CASE. William G. Spiller and William Campbell Posey (The American Journal of Medical Sciences, April, 1905).

The patient, a physician, aged 31 years, complained chiefly of diplopia and drooping of right eyelid. On examination there was found to be an almost complete ptosis of the right upper eyelid, and also a paresis of the internal rectus and inferior oblique muscles of the same eye. The left eye was normal, and the pupil of each eye responded normally to light and in accommodation. His